GENERAL PROVISIONS

§ 1601. Congressional findings

The Congress finds the following:

(a) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people.

(b) A major national goal of the United States is to provide the quantity and quality of health services which will permit the health status of Indians to be raised to the highest possible level and to encourage the maximum participation of Indians in the planning and management of those services.

(c) Federal health services to Indians have resulted in a reduction in the prevalence and incidence of preventable illnesses among, and unnecessary and premature deaths of, Indians.

(d) Despite such services, the unmet health needs of the American Indian people are severe and the health status of the Indians is far below that of the general population of the United States.

(Pub. L. 94–437, § 2, Sept. 30, 1976, 90 Stat. 1400; Pub. L. 102–573, § 3(a), Oct. 29, 1992, 106 Stat. 4526.)

AMENDMENTS

1992—Pub. L. 102–573 substituted ''finds the following:'' for ''finds that—'' in introductory provisions and struck out last sentence of subsec. (d) which compared death rates of Indians to those of all Americans for tuberculosis, influenza and pneumonia, and compared death rates for infants, subsec. (e) which related to threat to fulfillment of Federal responsibility to Indians posed by low health status of American Indian people, subsec. (f) which enumerated causes imperiling improvements in Indian health, and subsec. (g) which related to confidence of Indian people in Federal Indian health services.

SHORT TITLE OF 2000 AMENDMENT

Pub. L. 106–417, § 1, Nov. 1, 2000, 114 Stat. 1812, provided that: ''This Act [enacting and amending section 1645 of this title, amending sections 1395qq and 1396j of Title 42, The Public Health and Welfare, and enacting provisions set out as notes under section 1645 of this title] may be cited as the 'Alaska Native and American Indian Direct Reimbursement Act of 2000'.''

SHORT TITLE OF 1996 AMENDMENT

Pub. L. 104–313, § 1(a), Oct. 19, 1996, 110 Stat. 3820, provided that: ''This Act [amending sections 1603, 1613a, 1621j, 1645, 1665e, 1665j, and 1680k of this title] may be cited as the 'Indian Health Care Improvement Technical Corrections Act of 1996'.''

SHORT TITLE OF 1992 AMENDMENT

Section 1 of Pub. L. 102–573 provided that: ''This Act [see Tables for classification] may be cited as the 'Indian Health Amendments of 1992'.''

SHORT TITLE OF 1990 AMENDMENT

Pub. L. 101–630, title V, § 501, Nov. 28, 1990, 104 Stat. 4556, provided that: ''This title [enacting sections 1621h, 1637, 1659, and 1660 of this title, amending sections 1653, 1657, and 2474 of this title, and enacting provisions set out as notes under sections 1621h, 1653, and 2415 of this title] may be cited as the 'Indian Health Care Amendments of 1990'.''

SHORT TITLE OF 1988 AMENDMENT

Pub. L. 100–713, § 1, Nov. 23, 1988, 102 Stat. 4784, provided that: ''This Act [enacting sections 1616 to 1616j, 1621a to 1621g, 1636, 1651 to 1658, 1661, 1662, and 1680a to 1680j of this title and sections 254s and 295j of Title 42, The Public Health and Welfare, amending sections 1603, 1612 to 1613a, 1614, 1615, 1621, 1631, 1632, 1634, 1674, 1676, and 1678 to 1680 of this title and section 5316 of Title 5, Government Organization and Employees, repealing section 1635 of this title and section 254r of Title 42, enacting provisions set out as notes under this section and sections 1611, 1621b, 1661, and 1677 of this title and sections 254r, 1395qq, and 1396j of Title 42, amending provisions set out as a note under section 1396j of Title 42, and repealing provisions set out as a note under sec-

tion 1396j of Title 42] may be cited as the 'Indian Health Care Amendments of 1988'.''

SHORT TITLE OF 1980 AMENDMENT

Pub. L. 96–537, §1(a), Dec. 17, 1980, 94 Stat. 3173, provided that: ''this Act [enacting sections 1622, 1634, and 1676 to 1680 of this title, amending sections 1603, 1612 to 1614, 1621, 1651 to 1657, and 1674 of this title and section 294y–1 of Title 42, The Public Health and Welfare, and repealing section 1658 of this title] may be cited as the 'Indian Health Care Amendments of 1980'.''

SHORT TITLE

Section 1 of Pub. L. 94–437 provided: ''That this Act [enacting this chapter and sections 1395qq and 1396j of Title 42, The Public Health and Welfare, amending sections 234, 1395f, 1395n, and 1396d of Title 42, and enacting provisions set out as notes under section 1671 of this title and sections 1395qq and 1396j of Title 42] may be cited as the 'Indian Health Care Improvement Act'.''

SEPARABILITY

Pub. L. 100–713, title VIII, §801, Nov. 23, 1988, 102 Stat. 4839, provided that: ''If any provision of this Act, any amendment made by this Act [see Short Title of 1988 Amendment note above], or the application of such provision or amendment to any person or circumstances is held to be invalid, the remainder of this Act, the remaining amendments made by this Act, and the application of such provision or amendment to persons or circumstances other than those to which it is held invalid, shall not be affected thereby.''

AVAILABILITY OF APPROPRIATIONS

Pub. L. 100–713, §4, Nov. 23, 1988, 102 Stat. 4785, provided that: ''Any new spending authority (described in subsection (c)(2)(A) or (B) of section 401 of the Congressional Budget Act of 1974 [2 U.S.C. 651(c)(2)(A), (B)]) which is provided under this Act [see Short Title of 1988 Amendment note above] shall be effective for any fiscal year only to such extent or in such amounts as are provided in appropriation Acts.''

§ 1602. Declaration of health objectives

(a) The Congress hereby declares that it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to assure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy.

(b) It is the intent of the Congress that the Nation meet the following health status objectives with respect to Indians and urban Indians by the year 2000:

(1) Reduce coronary heart disease deaths to a level of no more than 100 per 100,000.

(2) Reduce the prevalence of overweight individuals to no more than 30 percent.

(3) Reduce the prevalence of anemia to less than 10 percent among children aged 1 through 5.

(4) Reduce the level of cancer deaths to a rate of no more than 130 per 100,000.

(5) Reduce the level of lung cancer deaths to a rate of no more than 42 per 100,000.

(6) Reduce the level of chronic obstructive pulmonary disease related deaths to a rate of no more than 25 per 100,000.

(7) Reduce deaths among men caused by alcohol-related motor vehicle crashes to no more than 44.8 per 100,000.

(8) Reduce cirrhosis deaths to no more than 13 per 100,000.

(9) Reduce drug-related deaths to no more than 3 per 100,000.

(10) Reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents.

(11) Reduce suicide among men to no more than 12.8 per 100,000.

(12) Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 through 17.

(13) Reduce to less than 10 percent the prevalence of mental disorders among children and adolescents.

(14) Reduce the incidence of child abuse or neglect to less than 25.2 per 1,000 children under age 18.

(15) Reduce physical abuse directed at women by male partners to no more than 27 per 1,000 couples.

(16) Increase years of healthy life to at least 65 years.

(17) Reduce deaths caused by unintentional injuries to no more than 66.1 per 100,000.

(18) Reduce deaths caused by motor vehicle crashes to no more than 39.2 per 100,000.

(19) Among children aged 6 months through 5 years, reduce the prevalence of blood lead levels exceeding 15 ug/dl and reduce to zero the prevalence of blood lead levels exceeding 25 ug/dl.

(20) Reduce dental caries (cavities) so that the proportion of children with one or more caries (in permanent or primary teeth) is no more than 45 percent among children aged 6 through 8 and no more than 60 percent among adolescents aged 15.

(21) Reduce untreated dental caries so that the proportion of children with untreated caries (in permanent or primary teeth) is no more than 20 percent among children aged 6 through 8 and no more than 40 percent among adolescents aged 15.

(22) Reduce to no more than 20 percent the proportion of individuals aged 65 and older who have lost all of their natural teeth.

(23) Increase to at least 45 percent the proportion of individuals aged 35 to 44 who have never lost a permanent tooth due to dental caries or periodontal disease.

(24) Reduce destructive periodontal disease to a prevalence of no more than 15 percent among individuals aged 35 to 44.

(25) Increase to at least 50 percent the proportion of children who have received protective sealants on the occlusal (chewing) surfaces of permanent molar teeth.

(26) Reduce the prevalence of gingivitis among individuals aged 35 to 44 to no more than 50 percent.

(27) Reduce the infant mortality rate to no more than 8.5 per 1,000 live births.

(28) Reduce the fetal death rate (20 or more weeks of gestation) to no more than 4 per 1,000 live births plus fetal deaths.

(29) Reduce the maternal mortality rate to no more than 3.3 per 100,000 live births.

(30) Reduce the incidence of fetal alcohol syndrome to no more than 2 per 1,000 live births.

(31) Reduce stroke deaths to no more than 20 per 100,000.

(32) Reverse the increase in end-stage renal disease (requiring maintenance dialysis or transplantation) to attain an incidence of no more than 13 per 100,000.

(33) Reduce breast cancer deaths to no more than 20.6 per 100,000 women.

(34) Reduce deaths from cancer of the uterine cervix to no more than 1.3 per 100,000 women.

(35) Reduce colorectal cancer deaths to no more than 13.2 per 100,000.

(36) Reduce to no more than 11 percent the proportion of individuals who experience a limitation in major activity due to chronic conditions.

(37) Reduce significant hearing impairment to a prevalence of no more than 82 per 1,000.

(38) Reduce significant visual impairment to a prevalence of no more than 30 per 1,000.

(39) Reduce diabetes-related deaths to no more than 48 per 100,000.

(40) Reduce diabetes to an incidence of no more than 2.5 per 1,000 and a prevalence of no more than 62 per 1,000.

(41) Reduce the most severe complications of diabetes as follows:

(A) End-stage renal disease, 1.9 per 1,000.

(B) Blindness, 1.4 per 1,000.

(C) Lower extremity amputation, 4.9 per 1,000.

(D) Perinatal mortality, 2 percent.

(E) Major congenital malformations, 4 percent.

(42) Confine annual incidence of diagnosed AIDS cases to no more than 1,000 cases.

(43) Confine the prevalence of HIV infection to no more than 100 per 100,000.

(44) Reduce gonorrhea to an incidence of no more than 225 cases per 100,000.

(45) Reduce chlamydia trachomatis infections, as measured by a decrease in the incidence of nongonococcal urethritis to no more than 170 cases per 100,000.

(46) Reduce primary and secondary syphilis to an incidence of no more than 10 cases per 100,000.

(47) Reduce the incidence of pelvic inflammatory disease, as measured by a reduction in hospitalization for pelvic inflammatory disease to no more than 250 per 100,000 women aged 15 through 44.

(48) Reduce viral hepatitis B infection to no more than 40 per 100,000 cases.

(49) Reduce indigenous cases of vaccine-preventable diseases as follows:

(A) Diphtheria among individuals aged 25 and younger, 0.

(B) Tetanus among individuals aged 25 and younger, 0.

(C) Polio (wild-type virus), 0.

(D) Measles, 0.

(E) Rubella, 0.

(F) Congenital Rubella Syndrome, 0.

(G) Mumps, 500.

(H) Pertussis, 1,000.

(50) Reduce epidemic-related pneumonia and influenza deaths among individuals aged 65 and older to no more than 7.3 per 100,000.

(51) Reduce the number of new carriers of viral hepatitis B among Alaska Natives to no more than 1 case.

(52) Reduce tuberculosis to an incidence of no more than 5 cases per 100,000.

(53) Reduce bacterial meningitis to no more than 8 cases per 100,000.

(54) Reduce infectious diarrhea by at least 25 percent among children.

(55) Reduce acute middle ear infections among children aged 4 and younger, as measured by days of restricted activity or school absenteeism, to no more than 105 days per 100 children.

(56) Reduce cigarette smoking to a prevalence of no more than 20 percent.

(57) Reduce smokeless tobacco use by youth to a prevalence of no more than 10 percent.

(58) Increase to at least 65 percent the proportion of parents and caregivers who use feeding practices that prevent baby bottle tooth decay.

(59) Increase to at least 75 percent the proportion of mothers who breast feed their babies in the early postpartum period, and to at least 50 percent the proportion who continue breast feeding until their babies are 5 to 6 months old.

(60) Increase to at least 90 percent the proportion of pregnant women who receive prenatal care in the first trimester of pregnancy.

(61) Increase to at least 70 percent the proportion of individuals who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the United States Preventive Services Task Force.

(c) It is the intent of the Congress that the Nation increase the proportion of all degrees in the health professions and allied and associated health profession fields awarded to Indians to 0.6 percent.

(d) The Secretary shall submit to the President, for inclusion in each report required to be transmitted to the Congress under section 1671 of this title, a report on the progress made in each area of the Service toward meeting each of the objectives described in subsection (b) of this section.

(Pub. L. 94–437, §3, Sept. 30, 1976, 90 Stat. 1401; Pub. L. 102–573, §3(b), Oct. 29, 1992, 106 Stat. 4526.)

AMENDMENTS

1992—Pub. L. 102–573 amended section generally. Prior to amendment, section read as follows: ''The Congress hereby declares that it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to meet the national goal of providing the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy.''

§ 1603. Definitions

For purposes of this chapter—

(a) ''Secretary'', unless otherwise designated, means the Secretary of Health and Human Services.

(b) ''Service'' means the Indian Health Service.

(c) ''Indians'' or ''Indian'', unless otherwise designated, means any person who is a member

of an Indian tribe, as defined in subsection (d) of this section, except that, for the purpose of sections 1612 and 1613 of this title, such terms shall mean any individual who (1), irrespective of whether he or she lives on or near a reservation, is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member, or (2) is an Eskimo or Aleut or other Alaska Native, or (3) is considered by the Secretary of the Interior to be an Indian for any purpose, or (4) is determined to be an Indian under regulations promulgated by the Secretary.

(d) ''Indian tribe'' means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

(e) ''Tribal organization'' means the elected governing body of any Indian tribe or any legally established organization of Indians which is controlled by one or more such bodies or by a board of directors elected or selected by one or more such bodies (or elected by the Indian population to be served by such organization) and which includes the maximum participation of Indians in all phases of its activities.

(f) ''Urban Indian'' means any individual who resides in an urban center, as defined in subsection (g) of this section, and who meets one or more of the four criteria in subsection (c)(1) through (4) of this section.

(g) ''Urban center'' means any community which has a sufficient urban Indian population with unmet health needs to warrant assistance under subchapter IV of this chapter, as determined by the Secretary.

(h) ''Urban Indian organization'' means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 1653(a) of this title.

(i) ''Area office'' means an administrative entity including a program office, within the Indian Health Service through which services and funds are provided to the service units within a defined geographic area.

(j) ''Service unit'' means—

(1) an administrative entity within the Indian Health Service, or

(2) a tribe or tribal organization operating health care programs or facilities with funds from the Service under the Indian Self-Determination Act [25 U.S.C. 450f et seq.],

through which services are provided, directly or by contract, to the eligible Indian population within a defined geographic area.

(k) ''Health promotion'' includes—

(1) cessation of tobacco smoking,

(2) reduction in the misuse of alcohol and drugs,

(3) improvement of nutrition,

(4) improvement in physical fitness,

(5) family planning,

(6) control of stress, and

(7) pregnancy and infant care (including prevention of fetal alcohol syndrome).

(*l*) ''Disease prevention'' includes—

(1) immunizations,

(2) control of high blood pressure,

(3) control of sexually transmittable diseases,

(4) prevention and control of diabetes,

(5) control of toxic agents,

(6) occupational safety and health,

(7) accident prevention,

(8) fluoridation of water, and

(9) control of infectious agents.

(m) ''Service area'' means the geographical area served by each area office.

(n) ''Health profession'' means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, an allied health profession, or any other health profession.

(*o*) ''Substance abuse'' includes inhalant abuse.

(p) ''FAE'' means fetal alcohol effect.

(q) ''FAS'' means fetal alcohol syndrome.

(Pub. L. 94–437, §4, Sept. 30, 1976, 90 Stat. 1401; Pub. L. 96–537, §2, Dec. 17, 1980, 94 Stat. 3173; Pub. L. 100–713, title II, §§201(b), 203(b), title V, §502, Nov. 23, 1988, 102 Stat. 4803, 4804, 4824; Pub. L. 102–573, §3(c), title IX, §902(1), Oct. 29, 1992, 106 Stat. 4529, 4591; Pub. L. 104–313, §2(a), Oct. 19, 1996, 110 Stat. 3820.)

REFERENCES IN TEXT

The Alaska Native Claims Settlement Act, referred to in subsec. (d), is Pub. L. 92–203, Dec. 18, 1971, 85 Stat. 688, as amended, which is classified generally to chapter 33 (§1601 et seq.) of Title 43, Public Lands. For complete classification of this Act to the Code, see Short Title note set out under section 1601 of Title 43, and Tables.

The Indian Self-Determination Act, referred to in subsec. (j)(2), is title I of Pub. L. 93–638, Jan. 4, 1975, 88 Stat. 2206, as amended, which is classified principally to part A (§450f et seq.) of subchapter II of chapter 14 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 450 of this title and Tables.

AMENDMENTS

1996—Subsec. (n). Pub. L. 104–313 inserted ''allopathic medicine,'' before ''family medicine'' and substituted ''an allied health profession, or any other health profession'' for ''and allied health professions''.

1992—Subsec. (c). Pub. L. 102–573, §902(1), substituted ''sections 1612 and 1613 of this title'' for ''sections 1612, 1613, and 1621(c)(5) of this title''.

Subsecs. (m) to (q). Pub. L. 102–573, §3(c), added subsecs. (m) to (q).

1988—Subsec. (h). Pub. L. 100–713, §502, inserted ''urban'' after ''governed by an''.

Subsec. (i). Pub. L. 100–713, § 201(b), added subsec. (i) and struck out former subsec. (i) which defined ''rural Indian''.

Subsec. (j). Pub. L. 100–713, § 201(b), added subsec. (j) and struck out former subsec. (j) which defined ''rural community''.

Subsec. (k). Pub. L. 100–713, §§ 201(b), 203(b), added subsec. (k) and struck out former subsec. (k) which defined ''rural Indian organization''.

Subsec. (*l*). Pub. L. 100–713, § 203(b), added subsec. (*l*).

1980—Subsec. (a). Pub. L. 96–537, § 2(a), substituted ''Secretary of Health and Human Services'' for ''Secretary of Health, Education, and Welfare''.

Subsec. (h). Pub. L. 96–537, § 2(b), substituted ''governed by an Indian controlled board of directors'' for ''composed of urban Indians''.

Subsecs. (i) to (k). Pub. L. 96–537, § 2(c), added subsecs. (i) to (k).

SUBCHAPTER I—INDIAN HEALTH PROFESSIONAL PERSONNEL

§ 1611. Congressional statement of purpose

The purpose of this subchapter is to increase the number of Indians entering the health professions and to assure an adequate supply of health professionals to the Service, Indian tribes, tribal organizations, and urban Indian organizations involved in the provision of health care to Indian people.

(Pub. L. 94–437, title I, § 101, Sept. 30, 1976, 90 Stat. 1402; Pub. L. 102–573, title I, § 101, Oct. 29, 1992, 106 Stat. 4530.)

AMENDMENTS

1992—Pub. L. 102–573 amended section generally. Prior to amendment, section read as follows: ''The purpose of this subchapter is to augment the inadequate number of health professionals serving Indians and remove the multiple barriers to the entrance of health professionals into the Service and private practice among Indians.''

ADVISORY PANEL AND REPORT ON RECRUITMENT AND RETENTION

Pub. L. 100–713, title I, § 110, Nov. 23, 1988, 102 Stat. 4800, directed Secretary of Health and Human Services to establish an advisory panel composed of 10 physicians or other health professionals who are employees of, or assigned to, the Indian Health Service, 3 representatives of tribal health boards, and 1 representative of an urban health care organization, such advisory panel to conduct an investigation of (1) administrative policies and regulatory procedures which impede recruitment or retention of physicians and other health professionals by Indian Health Service, and (2) regulatory changes necessary to establish pay grades for health professionals employed by, or assigned to, the Service that correspond to the pay grades established for positions provided under 38 U.S.C. 4103 and 4104 and costs associated with establishing such pay grades, and, no later than the date that is 18 months after Nov. 23, 1988, to submit to Congress a report on the investigation, together with any recommendations for administrative or legislative changes in existing law, practices, or procedures.

§ 1612. Health professions recruitment program for Indians

(a) Grants for education and training

The Secretary, acting through the Service, shall make grants to public or nonprofit private health or educational entities or Indian tribes or tribal organizations to assist such entities in meeting the costs of—

(1) identifying Indians with a potential for education or training in the health professions and encouraging and assisting them—

(A) to enroll in courses of study in such health professions; or

(B) if they are not qualified to enroll in any such courses of study, to undertake such postsecondary education or training as may be required to qualify them for enrollment;

(2) publicizing existing sources of financial aid available to Indians enrolled in any course of study referred to in paragraph (1) of this subsection or who are undertaking training necessary to qualify them to enroll in any such course of study; or

(3) establishing other programs which the Secretary determines will enhance and facilitate the enrollment of Indians in, and the subsequent pursuit and completion by them of, courses of study referred to in paragraph (1) of this subsection.

(b) Application for grant; submittal and approval; preference; payment

(1) No grant may be made under this section unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information, as the Secretary shall by regulation prescribe. The Secretary shall give a preference to applications submitted by Indian tribes or tribal organizations.

(2) The amount of any grant under this section shall be determined by the Secretary. Payments pursuant to grants under this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions as the Secretary finds necessary.

(Pub. L. 94–437, title I, § 102, Sept. 30, 1976, 90 Stat. 1402; Pub. L. 96–537, § 3(a), Dec. 17, 1980, 94 Stat. 3173; Pub. L. 100–713, title I, § 101, Nov. 23, 1988, 102 Stat. 4785; Pub. L. 102–573, title I, §§ 102(a), 117(b)(1), title IX, § 902(2)(A), Oct. 29, 1992, 106 Stat. 4530, 4544, 4591.)

AMENDMENTS

1992—Subsec. (a)(1). Pub. L. 102–573, § 102(a)(1), amended par. (1) generally. Prior to amendment, par. (1) read as follows: ''identifying Indians with a potential for education or training in the health professions and encouraging and assisting them (A) to enroll in schools of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, public health, nursing, or allied health professions; or (B), if they are not qualified to enroll in any such school, to undertake such post-secondary education or training as may be required to qualify them for enrollment;''.

Subsec. (a)(2). Pub. L. 102–573, § 102(a)(2), substituted ''course of study'' for ''school'' in two places and ''paragraph (1)'' for ''clause (1)(A)''.

Subsec. (a)(3). Pub. L. 102–573, § 102(a)(3), substituted ''enrollment of Indians in, and the subsequent pursuit and completion by them of, courses of study referred to in paragraph (1) of this subsection'' for ''enrollment of Indians, and the subsequent pursuit and completion by them of courses of study, in any school referred to in clause (1)(A) of this subsection''.

Subsec. (b)(1). Pub. L. 102–573, § 902(2)(A), substituted ''prescribe. The Secretary shall'' for '': *Provided*, That the Secretary shall''.

Subsec. (c). Pub. L. 102–573, § 117(b)(1), struck out subsec. (c) which authorized appropriations for fiscal years 1989 to 1992.